

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee ADVANCED RESPONSE SYSTEMS			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		18			Y	Y	Y	Y	Y	Y						
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Mailing Address 13175 GEORGE WEBER DRIVE			Amount <table border="1" style="width:100%"> <tr><td>55300.00</td></tr> </table>			55300.00																							
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City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.1074																										
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		18			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>2105584.42</td></tr> </table>	2105584.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
2105584.42																													

Full Name of Payee MDI IMAGING & MAIL			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		18			Y	Y	Y	Y	Y	Y						
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Mailing Address 21955 CASCADES PARKWAY			Amount <table border="1" style="width:100%"> <tr><td>23600.77</td></tr> </table>			23600.77																							
23600.77																													
City DULLES	State VA	Zip Code 20166-9211	Transaction ID : SE24.1118																										
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>08</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>18</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		08			D	D		18			Y	Y	Y	Y	Y	Y						
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Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>2129185.19</td></tr> </table>	2129185.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td>78900.77</td></tr> </table>	78900.77
78900.77		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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01		

D	D	
12		

Y	Y	Y	Y	Y	Y

Signature